Jackson County PWSD #12 304 N Ranson Rd. Greenwood, MO 64034 (816) 537-6856

Leak Adjustment Request

Describe incident includi	ing time frame of	leak and date of repair
Proof of repair is require copy of invoice billed for	, 10	eipt(s) for part(s) purchased to fix the leak and/or
		to submit a monthly payment of the current d the leak until Leak Adjustment is approved.
YES		
NO NO		
Current Bill Amount:	\$	
Additional Amount:	\$ <u>25.00</u>	
Total Payment:	\$	
Payment Start Date:		Due By: 21st of every month
**Default on payment wi	ill result in discor	nnection of water service, an additional \$25.00
		ce paid in full before service will be restored**
Signature		Date
Account No.:		Entered By: